

brandy were stopped, and ether or ammonia given instead. In all three cases the heart's action was good till within a few hours of the end. Scarlet fever at any time previously was positively excluded. The author is inclined to exclude the influence of exposure to cold and of the drugs used in treatment, and asks whether the ptomaines elaborated in the intestine might not have irritated the kidneys after the free discharge by the bowel had lessened and thus thrown more excretory labor upon the kidneys.

ACUTE GONORRHEAL VULVO-VAGINITIS AND URETHRITIS IN AN INFANT AT BIRTH.

MORGENSTERN (*Medical Record*, February 2, 1895, p. 143) reports an interesting case under this title. The child was first seen at the age of three weeks, when it was stated that urine had been voided scantily since birth, the little that was passed coming away a drop at a time. On local examination nothing could be seen, except possibly a slight reddening of the parts. A probe introduced into the urethra encountered no obstruction, and the bladder was found not to be distended. One week later the mucous membranes of the labia majora, nymphæ, vestibule, and anterior portion of the hymen were reddened and engorged and exquisitely tender, and a thick, creamy, muco-purulent discharge was observed. More urine than formerly was voided, but the quantity was still very small. The mother admitted that she had been treated for a long time for a vaginal discharge similar to that from which the child was suffering. As the child slept with the mother, the chances of direct infection were thus most favorable. Gonococci in great numbers were found in the discharge. Under ordinary appropriate treatment a cure was effected in a short time.

PATHOLOGY AND BACTERIOLOGY.

UNDER THE CHARGE OF

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THE PATHOLOGY OF EXOPHTHALMIC GOITRE.

We would call the attention of our readers to a carefully written article upon the pathology and treatment of Graves's disease by PUTNAM in *Brain* (September, 1894, p. 214), in which the various theories of its pathology are discussed in considerable detail. Three such at present claim adherents: (1) That the symptoms of Graves's disease are mainly toxic in origin and are due to excessive or perverted secretion by a diseased thyroid gland; (2) That they are purely neurotic in origin; and (3) That they are more or less reflex in origin and due to irritation of the thyroid and cervical nerves.

After reviewing the evidences, Putnam concludes as follows: "To sum the whole matter up we have two questions to bear in mind as regards the

etiology of Graves's disease: First, what is the underlying predisposing cause? Second, what is the mechanism by which this cause acts? The underlying cause I believe to be an undue excitement of the quasi-physiological arrangement called into play frequently as a part of emotional excitement. This arrangement represents the channel into which emotional excitement naturally pours itself after rising to a certain height, and its anatomical centre is in the medulla oblongata and related parts.

"As regards the modes in which this nerve arrangement underlying the symptoms of Graves's disease is actually disturbed they may be many, and among them there seems it may be that poisoning by the thyroid secretion is one active agent. This is, however, a matter of some doubt, because we have no right to assume that if the symptoms of Graves's disease are habitually due to the toxic action of the thyroid secretion, they are still capable of being excited in the same form without the aid of that secretion; and if we can get, as it appears, the greater part of these symptoms under quasi-physiological conditions, then it would seem unnecessary and somewhat gratuitous to invoke the thyroid secretion as an habitual cause of them in disease. Nevertheless, it would appear that the physiological action of the thyroid extracts does excite a series of symptoms somewhat resembling those of the affection with which we are dealing."

The same number of *Brain* (p. 246) contains a critical digest of the recent literature on exophthalmic goitre by MAUDE, at the close of which he says: "It is obvious that all over Europe there is a gradual growth of the opinion that this symptom-complex is due to the production (or non-elimination) in the thyroid itself of some toxin, which acts on the whole nervous system, even to the periphery, though the brunt of its action falls on the vasomotor centres of the medulla and some neighboring centres. . . . The question of the exact rôle played by the thyroid change is difficult; it is clear that all morbid changes in the thyroid are not operative to produce Graves's disease, but all the cases (in which the gland has been properly examined) show two common factors—cell proliferation and diminution of colloid. Even so, we are in the dark as to whether this morbid change is primary or secondary to some vasomotor disturbance elsewhere, and also as to whether the alternation in thyroid secretion will produce the same effect in a healthy nervous system; probably some nervous systems are more susceptible than others to the toxic influence, just as they are to alcohol and lead; in fact, the susceptibility of young women to plumbism and Graves's disease is strikingly similar."

CYCLIC ALBUMINURIA.

PAVY applied the name "cyclic albuminuria" to certain rather unusual forms of albuminuria occurring intermittently in apparently healthy individuals. The albumin was commonly found in the day urine, but not in that secreted during the night.

An interesting case of this condition has recently been investigated by TEWES (*Arbeiten aus der pädiatrischen klinik zu Leipzig, Cf. Berl. klin. Wochens.*, 1894, No. 17, 410). The patient was an apparently healthy boy of ten years. The chief object of Tewes's investigation was to determine the influence or muscular activity upon the albuminuria. So long as the boy lay quietly in